

# Affidavit Claiming Funds

STATE OF OHIO, COUNTY OF MERCER, SS:

The undersigned, \_\_\_\_\_, of \_\_\_\_\_  
(please print name) (street address)

\_\_\_\_\_, Affiant herein, being first duly cautioned and sworn, deposes and  
(city, state, ZIP)  
states as follows:

1. I am the owner of, or the authorized representative of a business, or representative of a decedent's estate, owning unclaimed funds currently held by the City of Celina, Ohio and identified in the records of the Auditor for the City of Celina, Ohio.

2. These funds originated from one of the following:

- |                                |   |
|--------------------------------|---|
| ___ payroll                    | ___ deposit or overpayment of utilities |
| ___ tax refund                 | ___ payment for services rendered       |
| ___ balance of fines and costs | ___ other (please specify)              |
- \_\_\_\_\_

3. I request the City of Celina to re-issue a check in the amount of \$\_\_\_\_\_ to replace the one I have not cashed, that original check being number \_\_\_\_\_ and dated \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

4. I completely agree to indemnify the City of Celina, Ohio against any claim to such funds which may be brought by any person or entity in the future.

5. Further, Affiant sayeth naught.

\_\_\_\_\_  
(signature)

*Sworn to before me and subscribed in my presence on this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.*

\_\_\_\_\_  
**Notary Public**

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## FOR AUDITOR'S OFFICE USE ONLY:

Proof of Identity:

\_\_\_\_\_ Picture I.D.  
\_\_\_\_\_ Personally known by \_\_\_\_\_

Check to be:

\_\_\_\_\_ Mailed to affiant at above address  
\_\_\_\_\_ Mailed to affiant at different address

New Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_

\_\_\_\_\_ Held for pick up